Jennifer Louise Jenkins, Administrator ad Litem of the Estate of Sterling L. Higgins v. Obion County, Tennessee, et al.

No. 20-cv-01056 STA-atc

Declaration of Edwin S. Budge

Exhibit L

Jenkins v. Obion County, et al.
U.S. Dist. Cause No. 1:20-cv-01056

Report of Matthew DeLaney M.D., FACEP, FAAEM
3106 Whitehall Rd.
Birmingham, AL 35209

Introduction:

I was asked by attorney Ed Budge to give my opinions in the matter of Jennifer Louise Jenkins, Administrator ad Litem of the Estate of Sterling L. Higgins v. Obion County, Tennessee et al.

Qualifications and Experience:

I have attached a current CV to this report, which includes a list of my publications. I am a board certified emergency physician and am licensed to practice in the State of Alabama. I am an associate professor and associate residency program director at the University of Alabama at Birmingham. I work clinically in an ACS Level 1 trauma center and since graduating from residency in 2011 have worked in a variety of settings including rural critical access hospitals. Approximately ⅓ of my time is spent supervising and teaching medical students, residents, and advanced practice providers. As part of my clinical practice I have routinely taken care of patients who are intoxicated as well as patients who arrive for emergency medical treatment in police custody. Additionally, I often care for patients who are unresponsive and those who are experiencing cardiac arrest from a variety of mechanisms including asphyxiation.

Materials Reviewed
In order to prepare this report I have reviewed the following materials:

- The First Amended Complaint
- Patrolman Scott Duncan's body camera video at Pocket's market
- Officer Robert Osborne's body camera video at Pocket's market
- Sgt. Simmons' body camera video at Pocket's market
- Officer Robert Osborne's body camera video when he returned to Pocket's in regards to Higgins in the freezer.
- Patrolman Scott Duncan's body camera video when he returned to Pocket's in regard to Higgins in the freezer.
- Sgt. Simmons' body camera video when he responded to Pocket's in regards to Higgins in the freezer.
- Sgt. Simmons' body camera video at Obion County Jail showing medical response
- Various security cameras from inside the Obion County jail including:
    - Outside

    - Sally Port
    - Hallway
    - Cell
- Depositions:
    - Officer Robert Orsborne
    - Officer Brendon Sanford
    - Officer Waylon Spaulding
    - Officer Talmadge Simmons
    - Officer Mary Brogglin
    - Officer Stormy Travis
- Collected materials from the Tennessee Bureau of Investigation Investigative Report consisting of approximately 430 pages of various reports, statements, photos, medical records, interviews and other collected materials.
- Autopsy report from West Tennessee Regional Forensic Center with toxicology report and associated materials
- January 24, 2021 Expert report from Dr. Downs; and
- Clarified forensic video and still images from jail surveillance video prepared by Conor McCourt.

Summary of Medical Facts:

On 3/25/2019 at approximately 1:43:54 Mr. Higgins arrived at the jail with Officer Robert Orsborne. Mr. Higgins was taken out of the police car and escorted into the jail at approximately 1:46. Upon entering the jail Mr. Higgins appears to approach Officer Brogglin. As he approaches, she pushes him away and appears to grab his jacket. Mr. Higgins appears to briefly grab Officer Brogglin's hair. Following this, Officer Waylon Spaulding approaches and Mr. Higgins quickly goes to the ground.

Once on the ground, Officer Spaulding straddles Mr. Higgins, who is lying on his back and handcuffed. At times, Mr. Higgins is moving his legs. Officer Spaulding places his hands on the area of Mr. Higgins's chin/neck/throat. The video shows, and depositions confirm, that Officer Orsborne stands on Mr. Higgins' legs. During this episode Officer Sanford approaches with leg shackles. Officers then use the shackles to fasten Mr. Higgins's ankles together. Officer Spaulding remains on top of Mr. Higgins as depicted in the video with his hands in the area of Mr. Higgins's chin/neck/throat even after Mr. Higgins's ankles are shackled. While underneath Officer Orsborne, as shown in the video, Mr. Higgins ceases movement. The last obvious movement from Mr. Higgins occurs around minute 1:52. Officer Orsborne gets off of Mr. Higgins at 1:52:38. However, Officer Spaulding continues to have his hands in the area of Mr. Higgin's chin/neck/throat and otherwise remains on Mr. Higgins in the manner shown in the video until approximately 1:54:28.

At approximately 1:54:28, Officer Sanford and Officer Spaulding lift Mr. Higgins off of the ground and drag him to the restraint chair. Mr. Higgins does not appear to move at any point

during this transfer from the ground to the chair. For the following ~6 minutes Mr. Higgins is strapped into the restraint chair by the officers – primarily by Officers Spaulding and Sanford with Officers Orsborne and Brogglin standing next to the chair. During this time period, Mr. Higgins does not appear to move at any point.

At approximately 2:00:52 Officer Spaulding pushes Mr. Higgin's head while he is seated in the restraint chair yet Mr. Higgins does not seem to respond and his head falls back due to the apparent force of gravity. At approximately 2:01:00 while still in the hallway Officer Sanford approaches Mr. Higgins and places his left hand on Mr. Higgins neck. Again Mr. Higgins does not appear to move.

At 2:01:33 Officer Orsborne performs what he later describes as a "sternal rub." In his deposition, he agrees that Mr. Higgins was "nonresponsive" but did not think that he needed any medical attention. He did not check for a pulse at this point despite being trained in CPR. At approximately 2:01:50, Officer Spaulding rolls the restraint chair into cell #15, removes the mat and walks out of the room at approximately 2:02:02. Mr. Higgins does not make any obvious movements during this transfer in the restraint chair from the hallway to the cell.

Over the subsequent ~15 minutes various officers enter and exit the cell multiple times. At approximately 2:03:20, Officer Sanford looks into the cell to "check on him." At approximately 2:05:36 Orsborne and Sanford enter the cell and Officer Orsborne performs what he later describes as a "pulse check". During his deposition Officer Osborne states that he was "unable to determine if there was a pulse or no pulse." At approximately 2:05:50 Officer Sanford appears to touch Mr. Higgins neck. Officer Spaulding touches Mr. Higgins's right neck at approximately 2:06:07.

Following the pulse check by Officer Orsborne and the actions by Officers Spaulding and Sanford, Mr. Higgins remains motionless in the restraint chair. At approximately 2:10:22 Officer Spaulding attempts to give Mr. Higgins a dose of intranasal naloxone yet Mr. Higgins still appears unresponsive. At approximately 2:13:12 Sgt. Simmons enters the cell and performs a pulse check on Mr. Higgins. Following this pulse check Officers Orsborne and Sanford start to unstrap Mr. Higgins from the restraint chair. At approximately 2:14:05 Officer Orsborne re-enters the cell for a third time but does not touch Mr. Higgins. EMS arrives and enters the cell at approximately 2:15:08. Mr. Higgins is lifted out of the restraint chair and carried to the hallway where EMS begins chest compressions at approximately 2:16:06. At 2:21:22 Mr. Higgins is placed on a stretcher and is taken to the hospital where he is later pronounced dead.

Other events incident to the foregoing are depicted in the various jail surveillance videos.

Although Officer Orsborne stated in his deposition that he was trained in CPR, he took no steps to initiate CPR. Nor did he tell the other officers he was trained in CPR. EMS was not called until Mr. Higgins had been in Cell #15 for an extended period of time – many minutes after he originally stopped moving. Moreover, since the jail had no nurse or other medical

person on duty during these events, there was no other medically-trained person at the jail trained in initiating CPR besides Officer Orsborne.

Professional Opinions

When Mr. Higgins arrives at the Obion County Jail at approximately 1:43:54 he is ambulating without difficulty and while he may have had some alterations in his mental status he shows no signs of symptoms to suggest that he is hemodynamically unstable or has an elevated risk of suffering from a cardiac arrest. Over the following ~35 minutes his clinical status deteriorates following an altercation ending in a fatal cardiac arrest.

In terms of a particular patient's odds of surviving an out of hospital cardiac arrest,the most important, and often the only alterable, factor is the time between cardiac arrest and the start of high-quality CPR. Previous studies have reported that a patient's odds of survival following a cardiac arrest decrease up to 5% for each minute that passes between collapse and the start of resuscitative efforts.[1] Even if there is some delay between a patient's cardiac arrest and the arrival of EMS, the available medical literature tells us that CPR from bystanders is associated with an almost doubled rate of survival.[2] In this case while it may be hard to generate an exact estimate of Mr. Higgins's survival if he had been treated by the staff of the jail, very clearly his odds of survival would have been significantly higher had the staff made any attempts to perform CPR.

Time Point 1:
Unresponsive but not obviously in cardiac arrest

On video, the last obvious movement from Mr. Higgins occurs at around minute 1:52 while he is still on the ground. At this point Officer Spaulding still has hands on Mr. Higgin's chin/neck/throat area. While we don't know if Mr. Higgins has a pulse at this point it is very clear that his clinical condition has quite suddenly changed as he has stopped obvious movement and is no longer responsive. This is the first point where Mr. Higgins clearly needs a medical evaluation and also the point at which a medical evaluation would have most likely been beneficial. Most likely his loss of consciousness was related to the actions taken by officers while he was on the ground. The available evidence would strongly argue that evaluating and treating a patient with CPR shortly after they become unresponsive would result in the best possible outcome.

---

[1] Larsen MP, Eisenberg MS, Cummins RO, Hallstrom AP. Predicting survival from out-of-hospital cardiac arrest: a graphic model. Ann Emerg Med. 1993 Nov;22(11):1652-8. doi: 10.1016/s0196-0644(05)81302-2. PMID: 8214853.

[2] Riva G et al. Survival in out-of-hospital cardiac arrest after standard cardiopulmonary resuscitation or chest compressions only before arrival of emergency medical services: Nationwide study during three guideline periods. *Circulation* 2019 Apr 1; [e-pub]. (https://doi.org/10.1161/CIRCULATIONAHA.118.038179)

If Mr. Higgins's unresponsiveness was caused by some type of suffocation or asphyxiation at the hands of Officer Spaulding, early intervention with CPR would almost certainly have saved his life. In a meta-analysis of patients who present to the hospital following cardiac arrest from suffocation or strangulation injuries the overall survival rate was 89.1% with a reported range across various patient populations of ~60-91%. Notably prompt intervention and shortened duration of injury were associated with improved odds of survival.[3] In the case of Mr. Higgins we have a previously healthy male who becomes unresponsive after a potential strangulation/suffocation/asphyxial event. Had he received CPR at or shortly following minute 1:52, his cardiac arrest would likely have been prevented, or in the event that he was already experiencing a cardiac arrest his odds of survival could reasonably be estimated to be >50% based on the available medical literature. In this situation any non-medical observer should have recognized that Mr. Higgins was having a medical emergency, and the initiation of CPR by Officer Orsborne, who was trained in CPR, or any other person who initiated CPR, along with promptly summoning EMS for more advanced care would have more than likely have saved Mr. Higgins' life.

Time Point 2:
Unresponsive with no signs of life

A second notable time point occurs around 2:01:37 after Mr. Higgins has been fully fastened into the restraint chair. During the preceding several minutes Mr. Higgins does not make any movements even after Officer Spaulding moves his head, Officer Sanford touches his neck and finally Officer Orsborne applies a painful stimuli using what he describes as a "sternal rub." It is unclear if Mr. Higgins was suffering a cardiac arrest at this point, but he remains unconscious and unresponsive. As with the first time point, whatever problem occurred when he was on the floor and became unresponsive is likely still present. As time has progressed since he first became unresponsive any interventions here would be somewhat less likely to be beneficial but would still more likely than not have been life-saving or life prolonging. In the various depositions there is mention of Mr. Higgins possibly moving his fingers or making audible noises but none of these accounts, even if true, paint a clear picture that he was improving or in any less need of medical care. Again, at a bare minimum one of the officers involved should have recognized that Mr. Higgins has now been unresponsive for over 9 minutes and should have either performed an assessment, initiated CPR (as Officer Orsborne was CPR certified) and summoned immediate medical attention.

Time Point 3:
Obvious Cardiac Arrest

A final crucial time point occurs at approximately 2:05:40 when, after observing an unresponsive Mr. Higgins for ~15 minutes, Officer Orsborne finally performs a pulse check.

[3] Sasso R, Bachir R, El Sayed M. Suffocation Injuries in the United States: Patient Characteristics and Factors Associated with Mortality. West J Emerg Med. 2018 Jul;19(4):707-714. doi: 10.5811/westjem.2018.4.37198. Epub 2018 Jun 4. PMID: 30013708; PMCID: PMC6040911.

Unfortunately, the available evidence does not give a clear time point at which Mr. Higgins's cardiac arrest began. While unlikely, if his cardiac arrest had begun at the exact moment this pulse check was performed, then any attempts to perform CPR would have significantly improved his odds of survival. There is abundant evidence from the medical literature that shows that compression-only CPR (even from untrained bystanders) has been shown to nearly double a patient's odds of survival. When CPR is performed by trained responders such as Officer Orsborne, the associated odds of survival are even higher. In the case of Mr. Higgins, Officer Orsborne fails to detect a pulse at approximately 2:05:40. Even though, as someone trained in CPR, he does not detect a pulse, he makes no effort to start CPR or to even remove Mr. Higgins from the restraint chair which could facilitate more effective CPR. Officer Osborne does state in his deposition that EMS had been called prior to his pulse check but, as his CPR training would reflect, CPR should have been started pending the arrival of EMS. In fact performing CPR while EMS is en route would unequivocally have improved Mr. Higgins's odds of survival.

Despite failing to detect a pulse, the group of officers make no efforts to resuscitate Mr. Higgins beyond giving a dose of naloxone at 2:10:23, an intervention which would have almost no chance of success in a pulseless patient. When Sgt. Simmons fails to detect a pulse at approximately *2:13:22* the staff begins to remove Mr. Higgins from the restraint chair. Yet almost 3 minutes additional pass before chest compressions begin.

In my overall opinion Mr. Higgins experienced a medical emergency when involved in the altercation he had with the officers on the floor of the jail.

If Mr. Higgins became unresponsive from a suffocation-type event, the available evidence suggests that had CPR been initiated promptly by Officer Orsborne or another person, his odds of survival would have been as high as 90%. The most opportune time to take this intervention would have been the moment that Mr. Higgins became unresponsive or as quickly as possible hereafter. The officers continue restraining Mr. Higgins for several minutes after he stopped moving. Despite getting no response when they moved his head and later touched his neck, no efforts were made by the CPR-trained Officer Orsborne to check for a pulse, initiate CPR or even call for EMS until well after he was put in the cell.. Even though Mr. Higgins was unresponsive, the officers took the time to fully fasten him into the restraint chair. Even once he was fully fastened into the restraint chair—approximately 9 minutes after he last moved, at a minimum he was still unresponsive and may have in fact been experiencing a cardiac arrest. While his odds of survival by this point in time are less than if interventions had been made when he first stopped moving, I think it is more likely than not that he would have survived had someone made any efforts to treat him.

Finally, Mr. Higgins is clearly experiencing a cardiac arrest when Officer Orsborne fails to detect a pulse at approximately 2:05:40. It is difficult to establish clear odds of survival at this point but the medical literature clearly demonstrates that once a cardiac arrest has been recognized, attempts to perform CPR, even at the hands of untrained bystanders, is associated with a near doubling of the patient's odds of survival. Over the course of almost 11 minutes from

when Officer Orsborne fails to detect a pulse to when EMS begins CPR, each second that passed without any attempts at resuscitation likely resulted in a small but meaningful decrease in Mr. Higgins's odds of survival. When these precious seconds become minutes we are left with a patient who at one point with early intervention would have had a 90% chance of survival now facing an ultimately non-survivable clinical situation.

In short, on the morning of 3/25/2019 Mr. Higgins experienced a clear medical emergency while in custody. Despite abundant indications that he needed medical attention the officers present made essentially no attempts to help Mr. Higgins, a delay that is inexplicable and almost certainly resulted in his untimely demise.

Conclusion:

All of my opinions here are based on my experience as a board certified emergency physician and as rendered to a reasonable degree of medical certainty. If called to do so I would be happy to testify in a deposition or trial.

I have served as an expert witness for several cases per the attached list and have testified in three depositions. My rate for record review and deposition is $500/hr and to date I have never testified at trial.

Dated this 28th day of January, 2021

Matthew C. DeLaney
Matthew C DeLaney MD FACEP FAAEM

Case List:

Year	Case	Lawyer	Role		
2020	Head V. Northcrest	Larry Cheng	Defense Expert Witness		
2020	Gibson V. Zimmerman	Susan Blasik-Miller	Defense Expert Witness	Depositi on	Darke County, Ohio Case No. 19VCV00210

2019	Simmons vs. Goodman	Rod Cate	Defense Expert Witness		
2019	Avezzano v. North Baldwin Hospital	Tabor Novak	Defense Expert Witness		
2019	Uddin v. Twombley	Tabor Novak	Defense Expert Witness		
2019	Phillips v. St. Thomas Midtown	Pamela Chamberlain	Defense Expert Witness		
2019	Buckelew v. Womack	Beth Kanik	Defense Expert Witness	Deposition	State Court of Fulton County, State of Georgia. Civil Action File No. 17EV004146
2018	Holden v. Wesley	Derick Mills	Plaintiff Expert Witness		
2017	Prince v. Spinell	Scott Durham	Defense Expert Witness		
2015	Andrews vs. Thomas Hospital	Ryan Luna	Defense Expert Witness	Deposition	State Court of Baldwin County, State of Alabama. CV-2014-900659

Matthew DeLaney MD, FACEP, FAAEM
Department of Emergency Medicine
University of Alabama at Birmingham

PERSONAL INFORMATION:

Name:	Matthew DeLaney
Citizenship:	U.S.
Home Address:	3106 Whitehall Rd. Birmingham, AL, 35209.
Phone:	(251) 716-8108
E-mail:	matthewcdelaney@gmail.com
Twitter:	MdelaneyMD

RANK/TITLE:	Associate Professor
Department:	Emergency Medicine
Business Address:	The University of Alabama at Birmingham Old Hillman Building 251 619 19th Street South Birmingham, AL 35249-7013

HOSPITAL AND OTHER (NON-ACADEMIC) APPOINTMENTS:

Month/Year	Rank/Title	Institution
2019-Current	Associate Program Director	Dept. of Emergency Medicine University of Alabama at Birmingham Birmingham, AL
2016-Current	Associate Professor	Dept. of Emergency Medicine University of Alabama at Birmingham Birmingham, AL
2013-2019	Assistant Program Director	Dept. of Emergency Medicine University of Alabama at Birmingham Birmingham, AL
2013-2014	Assistant Medical Director	Dept. of Emergency Medicine University of Alabama at Birmingham Birmingham, AL
2012-2016	Assistant Professor	Dept. of Emergency Medicine University of Alabama at Birmingham Birmingham, AL
2013-2016	Attending Physician	Dept. of Emergency Medicine DCH Regional Medical Center Tuscaloosa, AL

2011-2012	Emergency Medicine Physician	Department of Emergency Medicine Mercy Hospital Portland, ME
2008-2011	Emergency Medicine Resident	Department of Emergency Medicine Maine Medical Center Portland, ME

EDUCATION:

Month/Year	**Program**	**Institution**
Aug 04 – May 08	Doctor of Medicine	University of South Alabama College of Medicine Mobile, AL
Aug 99 – May 03	Bachelor of Arts in Religious Studies	University of Virginia Charlottesville, VA

LICENSURE:
Alabama State Medical License(2012-Current)
Maine State Medical License (2010-2013)
Federal DEA Certification (2010-Current)

BOARD CERTIFICATION:
American Board of Emergency Medicine (2012-current)

POSTDOCTORAL TRAINING:

Month/Year	**Program**	**Institution**
Jul 11-Feb 12	Teaching Fellowship	American College of Emergency Physicians

AWARDS/HONORS:

- Outstanding Speaker Award, Sugarloaf Emergency Medicine Symposium, March 2018
- Faculty Speaker of the Year. University of Alabama at Birmingham, 2016
- Outstanding Speaker Award, Sugarloaf Emergency Medicine Symposium, March 2016
- New Speaker's Award, AAEM Scientific Assembly, Feb. 2016
- Resident Mentorship Award, University of Alabama at Birmingham, 2014-2015
- Clinical Instructor of the year, University of Alabama at Birmingham, 2013-2014
- Program Director's award for clinical excellence, 2013-2014
- Chief Resident, Department of Emergency Medicine, Maine Medical Center, 2010-2011

National / International Lectures

- *Wound Care Pearls and Pitfalls:* University of Texas Health Science Center at Tyler Grand Rounds. (January 2021)

- *Hidden medicolegal pitfalls:* Ascension Health Lecture Series (September 2020)
- Adena Thought Leader Summit 2020 Mock Trial (September 2020)
- *Unanticipated ED Exits:* Penn State Health Emergency Medicine Residency Grand Rounds (April 2020)
- *Hidden medicolegal pitfalls 2020:* Staten Island Hospital Emergency Medicine Residency Grand Rounds. (April 2020)
- *Mesenteric Ischemia pearls and pitfalls:* Adena Health Department of Emergency Medicine Grand Rounds. (April 2020)
- *Risk and Reward in the era of COVID:* Harvard Affiliated Emergency Medicine Residency Grand Rounds (March 2020)
- *Trauma care during disaster situations:* International Conference of Emergency Medicine (June 2019)
- *Can't miss pelvic pain:* International Conference of Emergency Medicine (June 2019)
- *Wound care tips and tricks* Essentials of EM (May 2019)
- *Evidence based approach to Osteomyelitis* Essentials of EM (May 2019)
- *Medicolegal Pearls and Pitfalls*. AAEM Scientific Assembly (March 2019)
- *Evidence based approach to acute kidney injury* Maine ACEP Sugarloaf Emergency Medicine Winter Symposium (March 2019)
- *CT scan for ovarian torsion* Maine ACEP Sugarloaf Emergency Medicine Winter Symposium (March 2019)
- *Hidden Medicolegal Pitfalls* Vanderbilt University Grand Rounds (December 2018)
- *High Risk Disposition* Vanderbilt University Grand Rounds (December 2018)
- *Is there a Doctor Onboard?* ACEP Scientific Assembly (October 2018)
- *Lytes Gone Wild: Hypomagnesemia* ACEP Scientific Assembly (October 2018)
- *Lytes Gone Wild: Hypercalcemia* ACEP Scientific Assembly (October 2018)
- *Kidney Fast Facts: Acute Kidney Injury* ACEP Scientific Assembly (October 2018)
- *Kidney Fast Facts: Rhabdomyolysis* ACEP Scientific Assembly (October 2018)
- *Hidden Killers in Infectious Disease*: International Conference of Emergency Medicine (June 2018)
- *Hidden Medicolegal Pitfalls*: Southeast ACEP Educational Conference (June 2018)
- *AMA in the Emergency Department*: Southeast ACEP Educational Conference (June 2018)
- *Evidence based approach to Mesenteric Ischemia*: AAEM Scientific Assembly (April 2018)
- *Analgesics in the ED: What works and what doesn't?* Maine ACEP Sugarloaf Emergency Medicine Winter Symposium. (March 2018)
- *Wound Care Pearls and Pitfalls:* Maine ACEP Sugarloaf Emergency Medicine Winter Symposium. (March 2018)
- *Hidden Medicolegal Pitfalls:* Maine Medical Center Dept. of EM Grand Rounds (March 2018)
- *Ketamine and the chemical takedown*. Mediterranean Emergency Medicine Conference (MEMC) (October 2017)
- *Hidden Medicolegal Pitfalls*: AAEM Scientific Assembly (April 2017)
- *Free Open Access Medical Education*. AAEM Scientific Assembly (April 2017)
- *Top 10 Practice Changers 2016-17.* Maine ACEP Sugarloaf Emergency Medicine Winter Symposium. (March 2017)
- *Top 10 Practice Changers 2016-17.* Maine ACEP Sugarloaf Emergency Medicine Winter Symposium. (March 2017)
- *FOAM for the technologically challenged.* ACEP Scientific Assembly (Oct. 2016)
- *21st century snake oil: Placebos in the ED*. ACEP Scientific Assembly (Oct. 2016)
- *One Drug to Rule Them All: Ketamine in the Emergency Department.* International Conference of Emergency Medicine (April 2016)
- *Hidden Snares and High-Risk Pitfalls in the Emergency Department.* International Conference of Emergency Medicine (April 2016)

- *It starts with a K: Ketamine for pain in the Emergency Department.* Maine ACEP Sugarloaf Emergency Medicine Winter Symposium. (March 2016)
- *Three reasons not to use Tramadol in the Emergency Department.* Maine ACEP Sugarloaf Emergency Medicine Winter Symposium. (March 2016)
- *Reasons to avoid Quinolones, your patient, your lawyer, and the FDA.* Maine ACEP Sugarloaf Emergency Medicine Winter Symposium. (March 2016)
- *High risk dispositions in the Emergency Department.* Maine ACEP Sugarloaf Emergency Medicine Winter Symposium. (March 2016)
- *Against Medical Advice: Pitfalls and Pearls. AAEM Scientific Assembly Open Mic Competition (Feb. 2016)*

- *Airway Tips and Staying out of trouble: Pre-oxygenation in the Emergency Department.* Asian Conference of Emergency Medicine (ACEM). (Nov. 2015)
- *Fast Track Tips to Success: Avoiding the pitfalls and getting up to speed.* American College of Emergency Physicians (ACEP), Scientific Assembly. (Oct. 2015)
- *Lost in the FOAM: Free Open Access Medical Education for the technologically challenged.* American College of Emergency Physicians (ACEP), Scientific Assembly. (Oct. 2015)
- *Fast Track Tips to Success: Avoiding the pitfalls and getting up to speed.* American College of Emergency Physicians (ACEP), Scientific Assembly. (Oct. 2014)
- *Managing a Failed Airway,* ACEP Teaching Fellowship, (Feb, 2012.)
- *Hidden Killers in Infectious Disease,* Maine ACEP/Maine Medical Center Winter Emergency Medicine Symposium, (Feb, 2012.)
- *"How did that get there?" Upper extremity fractures and dislocations.* Wilderness Medicine Elective, University of Massachusetts School of Medicine. (May 2010.)
- *"It's cold out here!" Hypothermia in the wilderness*. Wilderness Medicine Elective, University of Massachusetts School of Medicine. (May 2010.)
- *"What do I really need to know about Diarrhea?"* Dept. of Emergency Medicine, Maine Medical Center, Grand Rounds. (July 2010.)
- *Observation unit utilization for patients with transient ischemic attacks.* Dept. of Emergency Medicine, Maine Medical Center, Grand Rounds. (February 2009.)

Lectures at Home Institution

- *Lost in the FOAM:* Free Open Access Medical Education for the technologically naieve. (September 2018)
- *Appendicitis Updates and Controversies.* Dept. of Emergency Medicine, UAB Resident Conference (March 2016)
- *AMA in the Emergency Department.* Dept. of Emergency Medicine, UAB Resident Conference (March 2016)
- *Bedside approach to Esophageal Emergencies. .* Dept. of Emergency Medicine, UAB Resident Conference (September 2014)
- *A Rational Approach to Appendicitis:* Dept. of Emergency Medicine, UAB Resident Conference (August 2014)
- *Thrombolytics in acute stroke: Dissolving the evidence.* Dept. of Emergency Medicine, UAB Resident Conference (August 2014)
- *Pelvic Potpourri.* Dept. of Emergency Medicine, UAB Resident Conference (March 2014)
- *Above all else do no harm: PSA, mammograms and the threat of modern medicine.* BY-480 Department of Biology. University of Alabama at Birmingham. (Feb. 2014)

- *The problem with predictive values and the role of the likelihood ratio.* BY-480 Department of Biology. University of Alabama at Birmingham. (Feb. 2014)
- *Making sense out of sensitivity.* BY-480 Department of Biology. University of Alabama at Birmingham. (January 2014)
- *Approach to cellulitis in the Emergency Department.* Dept. of Emergency Medicine, UAB Resident Conference (December 2013)
- *"Stop the ride I want to get off!" Dizziness in the Emergency Department.* Dept. of Emergency Medicine, UAB Resident Conference (October 2013)
- *Back pain in the ED: Healing the masses.* Dept. of Emergency Medicine, UAB Resident Conference (July 2013)

- *Updates in the World of Sexually Transmitted Diseases*, Dept. of Emergency Medicine, UAB Resident Conference (December 2012)
- *Procedural Sedation,*.Dept. of Emergency Medicine Maine Medical Center Weekly conference. (September 2011.)
- *Essentials of Direct Laryngoscopy*, Dept. of Emergency Medicine, Maine Medical Center Airway Skills Workshop. (August 2011.)

BIBLIOGRAPHY:

Manuscripts

- **DeLaney M**. Emergency department boarding: The canary in the coal mine. J Am Coll Emerg Physicians Open. 2020 Oct 23;2(1):e12290. doi: 10.1002/emp2.12290. PMID: 33490994; PMCID: PMC7810205.
- The 65 Trial: Is Less More? **DeLaney MC**. Emergency Physicians Monthly.
- **DeLaney M**, Wood L. REBOA for trauma: Could we? Should we? J Am Coll Emerg Physicians Open. 2020 Aug 26;1(5):1151-1152. doi: 10.1002/emp2.12228. PMID: 33145585; PMCID: PMC7593469.
- **DeLaney M**, Wood L, Wallace D. Reefer madness? J Am Coll Emerg Physicians Open. 2020 Jun 21;1(3):287-288. doi: 10.1002/emp2.12160. PMID: 33000045; PMCID: PMC7493534.
- Shufflebarger EF, **DeLaney MC**, Pigott DC. Young Man With Suspected Foreign Body Ingestion. Clin Pract Cases Emerg Med. 2019 Sep 30;3(4):449-450. doi: 10.5811/cpcem.2019.8.44080. PMID: 31763616; PMCID: PMC6861032.
- **DeLaney M**, Greene C. Assisting with air travel medical emergencies: responsibilities and pitfalls. Emerg Med Pract. 2019 Sep;21(9):1-16. Epub 2019 Sep 1. PMID: 31461612.
- **DeLaney MC.** Risks associated with the use of fluoroquinolones. Br J Hosp Med (Lond). 2018 Oct 2;79(10):552-555. doi: 10.12968/hmed.2018.79.10.552.
- **DeLaney MC**, Neth M, Thomas JJ. Chest pain triage: Current trends in the emergency departments in the United States. J Nucl Cardiol. 2017 Dec;24(6):2004-2011.
- Don't Miss This: Ovarian Torsion in the Emergency Department. **DeLaney, MC**. Emergency Physicians Monthly. July 20, 2016.
- **DeLaney MC**, Page DB, Kunstadt EB, Ragan M, Rodgers J, Wang HE. Inability of Physicians and Nurses to Predict Patient Satisfaction in the Emergency Department. West J Emerg Med. 2015 Dec;16(7):1088-93. doi: 10.5811/westjem.2015.9.28177. Epub 2015 Dec 14. PMID: 26759661; PMCID: PMC4703155.
- Kumar G, Uhrig D, Fowler S, **DeLaney MC**, Alexandrov AV. Intravenous Recombinant Tissue Plasminogen Activator Does Not Impact Mortality in Acute Ischemic Stroke at Any Time Point up to 6 Months: A Systematic Review and Meta-Analysis of Randomized Controlled Clinical Trials. CNS Drugs. 2015 Aug;29(8):659-67. doi: 10.1007/s40263-015-0265-8. PMID: 26251162.

- **DeLaney M**, Greene CJ. Emergency Department Evaluation And Management Of Patients With Upper Gastrointestinal Bleeding. Emerg Med Pract. 2015 Apr;17(4):1-18; quiz 19. Epub 2015 Apr 1. PMID: 26291048.
- Ketamine Little dose, Big Results. Chestnut JM, **DeLaney MC**. *Emergeny Medicine Resident*. July 2014.
- **DeLaney M**, Zimmerman KD, Strout TD, Fix ML. The effect of medical students and residents on measures of efficiency and timeliness in an academic medical center emergency department. Acad Med. 2013 Nov;88(11):1723-31. doi: 10.1097/ACM.0b013e3182a7f1f8. PMID: 24072115.
- Pediatric Spinal Injury. **DeLaney MC**, Booton J. Pediatric Emergency Medicine Reports. 2013 June 1.
- Pancreatitis. **DeLaney M**, Germann C. *Emergency Medicine Report*. March 2013
- Croft PE, Cabral KP, Strout TD, Baumann MR, Gibbs MA, **Delaney MC**. Managing blunt trauma in patients receiving dabigatran etexilate: case study and review of the literature. J Emerg Nurs. 2013 May;39(3):302-8. doi: 10.1016/j.jen.2013.01.016. Epub 2013 Mar 28. PMID: 23541336.
- Pediatric Appendicitis. **DeLaney M**, Holmes J. *Pediatric Emergency Medicine Report*. November 2011.
- **Delaney MC**, Bowe CT, Higgins GL. Acute stroke from air embolism after leg sclerotherapy. West J Emerg Med. 2010 Sep;11(4):397. PMID: 21079718; PMCID: PMC2967698.

Book Chapters

- **Matthew DeLaney, MD**. Avoiding Common Errors in the Emergency Department 2nd Edition. Book Chapter 199: Pitfalls in the Pursuit of Ovarian Torsion.
- **Matthew DeLaney, MD.** Emergency Medicine: Just the Facts 3rd Edition. Book Chapter 182: Acute Disorders of the Joints and Bursa. November, 2012.

Published abstracts

- *Low-dose ketamine for the treatment of acute pain in the Emergency Department*. SAEM Scientific Assembly, May 2015. **DeLaney MC**, Kunstadt E.
- *Emegency Department Physician and Nurse Assesment of Patient Satisfaction*: SAEM Scientific Assembly, May 2014 **DeLaney MC**, Rodgers J, Wang HE.
- *Staying out of trouble: A systematic approach to a failed airway*. ACEP Scientific Assembly, September 2012. **DeLaney MC**

Poster Exhibits

- *Low-dose ketamine for the treatment of acute pain in the Emergency Department*. CORD Scientific Assembly. (April 2015) **DeLaney MC**, Kundstadt E.
- *Management of DKA in a non-ICU setting.* International Conference of Emergeny Medicine. (June 2014)
- *Resident assesment of patient satisfaction in the Emergency Department*. International Conference of Emergeny Medicine. (June 2014) **Delaney MC**, Aucoin ME.
- *Emegency Department Physician and Nurse Assesment of Patient Satisfaction*. SAEM Scientific Assembly, (May 2014) **Delaney MC**, Wang HE

Scientific papers presented at national and international meetings

- *Effect of resident trainees on ED Length of Stay*: SAEM Scientific Assembly, (May 2012) **Delaney MC**, Fix M, Strout T.

Online Peer-Reviewed publiations:

Creator of Everyday Risk in Emergency Medicine Series (EREM): Academic Life in Emergency Medicine *(www.aliem.com)*

- Lumbar Puncture on an anticoagulated patient in the Emergency Department. *Academic Life in Emergency Medicine*. June 27, 2016
- Pitfalls and perils of emergency department discharge instructions. *Academic Life in Emergency Medicine*. July 6th, 2015
- Pitfalls of bedside ultrasonography during the first Trimester. Bauderband B, **DeLaney MC**. *Academic Life in Emergency Medicine* April 13th, 2015
- High risk back pain: Spinal Epidural Abscess**.** *Academic Life in Emergency Medicine*. Sept. 25, 2014.
- High risk back pain: Cauda Equina syndrome**.** *Academic Life in Emergency Medicine*. June 9th, 2014
- Beware of Fluoroquinolones: You, your patient, and the FDA**.** *Academic Life in Emergency Medicine*. April 7th, 2014.
- Is the patient sober? Clinical Sobriety versus Blood Alcohol Concentration**.** *Academic Life in Emergency Medicine*. March 6th, 2014.
- AMA: 2 High Risk Myths and Misconceptions**.** *Academic Life in Emergency Medicine*. February 10th, 2014.
- "Is there a doctor on-board?" 5 tips for dealing with in-flight emergencies**.** *Academic Life in Emergency Medicine*. January 27th, 2014.
- The proper way to go Against Medical Advice (AMA): 8 Elements to Address**.** *Academic Life in Emergency Medicine*. January 13th, 2014.

Other Online Publications

- Blunt Trauma Thoracotomy, probably still not time for heroics. *Emergency Medicine Literature of Note*. April 17, 2015. (www.emlitofnote.com)
- Three Reasons not to prescribe tramadol. *EMPharmD.* May 4, 2015 (http://empharmd.blogspot.com**)**